

## Address Change File Layout

The address change file will include records submitted by AHCCCS that indicate that there is a change of location for a client. The file will be generated and sent to the existing T/RBHA as well as the new T/RBHA. The new T/RBHA will be determined by the zip code.

- **Record length:** 251.
- **Format of filename for new T/RBHA:** h74-834-addressnewxx.yyyymmdd-nnn
  - xx represents T/RBHA
  - yyyymmdd represents date file is generated
  - nnn represents sequential number used by BHS
- **Format of filename for existing T/RBHA:** h74-834-addressoldxx.yyyymmdd-nnn
  - xx represents T/RBHA
  - yyyymmdd represents date file is generated
  - nnn represents sequential number used by BHS

Record Location From To		Column Name	Type	Size	Comment/Changes
1	9	AHCCCS ID	Char	9	
10	19	CIS ID	Char	10	
20	54	Last Name	Char	35	
55	79	First Name	Char	25	
80	80	Middle Initial	Char	1	
81	81	Gender	Char	1	
82	89	Date of Birth	Char	8	
90	91	Existing T/RBHA	Char	2	
92	93	New T/RBHA	Char	2	
94	94	Mental Health Category	Char	1	
95	149	Address Line 1	Char	55	
150	204	Address Line 2	Char	55	
205	234	City	Char	30	
235	236	State	Char	2	
237	251	Zip Code	Char	15	

## 834 Title 19/21

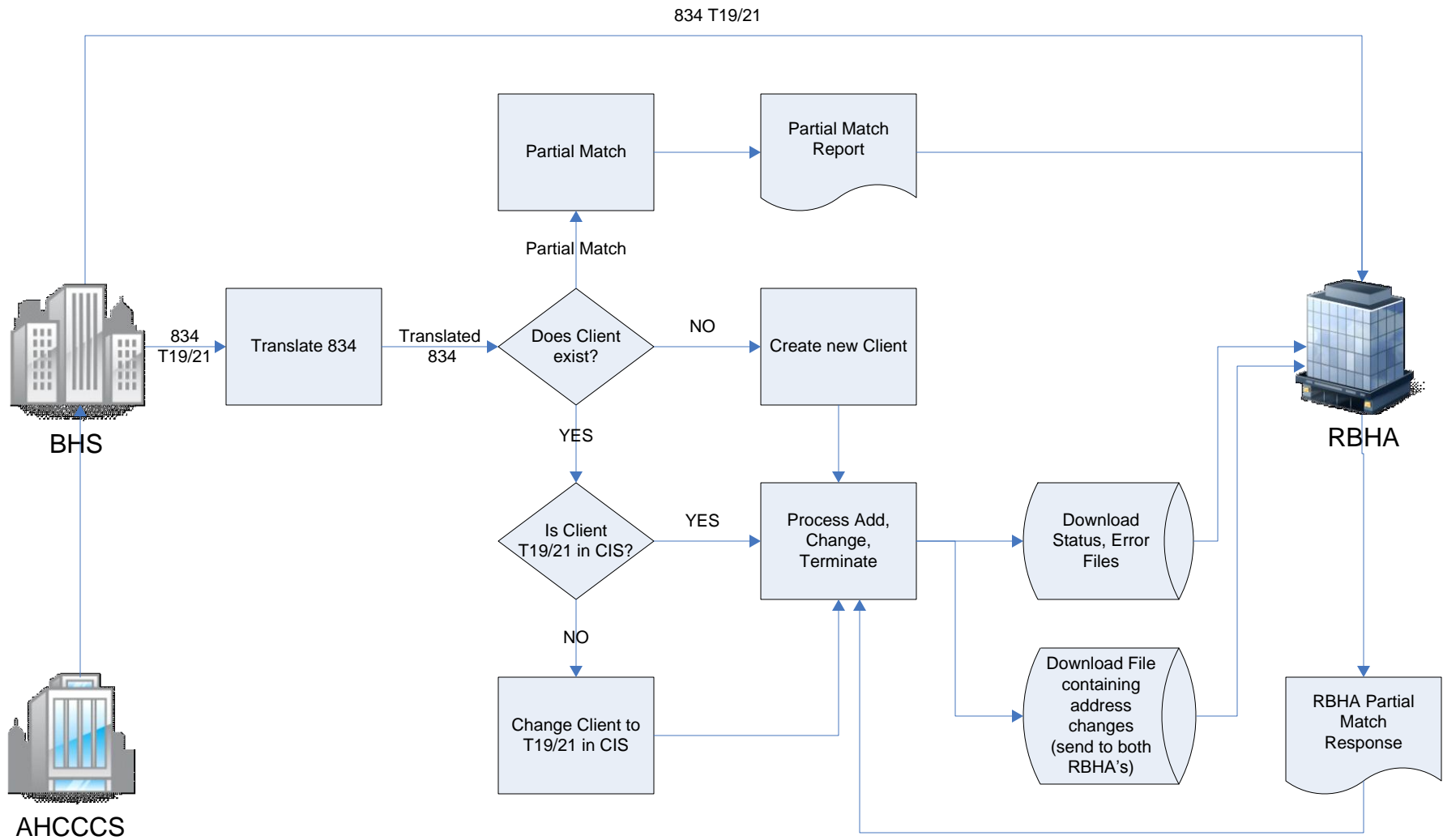


Figure 1: Title XIX (AHCCCS) Enrollment Process Flow

## 834 Non-Title 19/21 - ADD

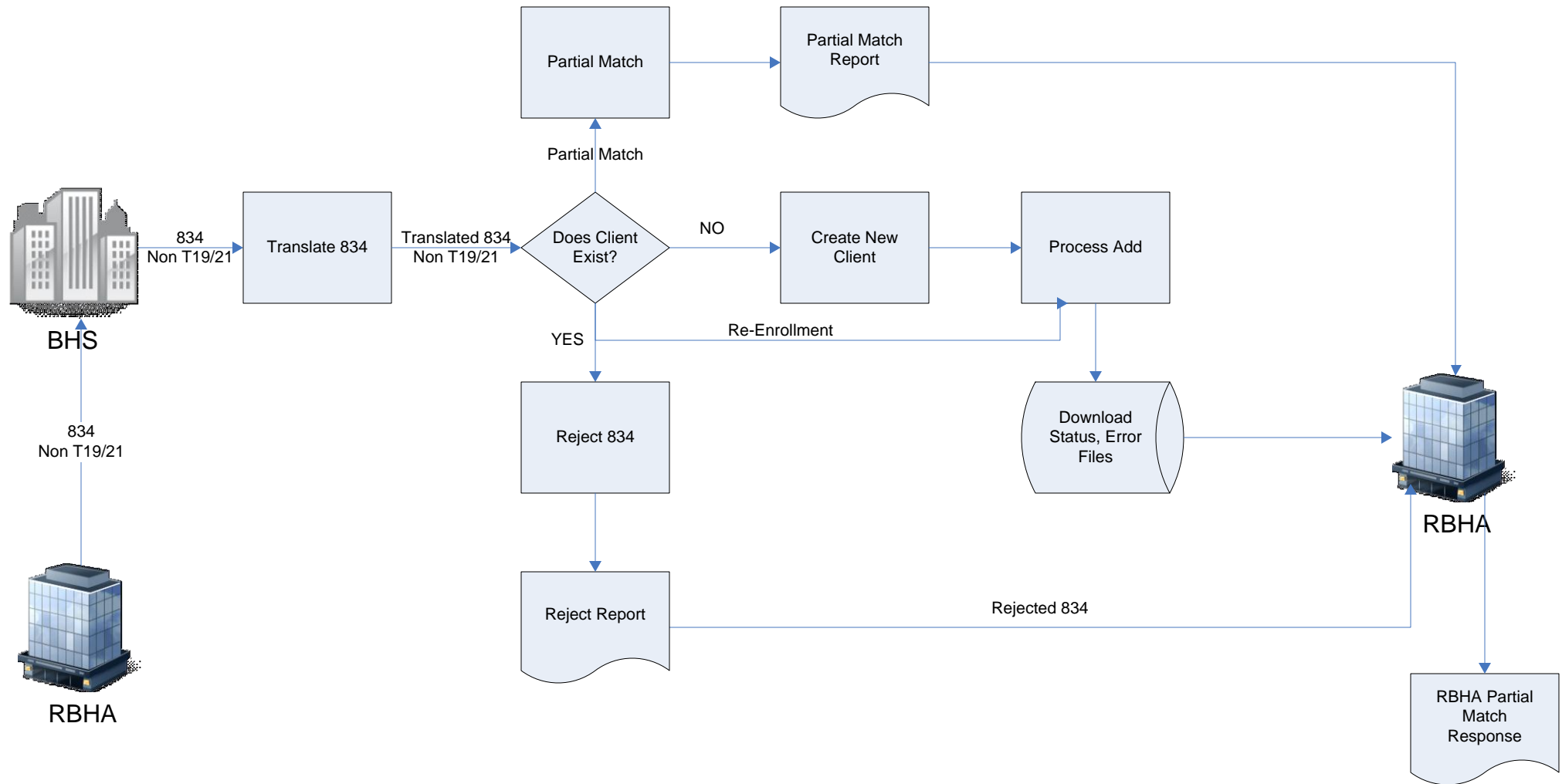


Figure 2: Non-Title XIX (State Only) Enrollment Process Flow

# 834 Non-Title 19/21 – CHANGES / TERMINATES

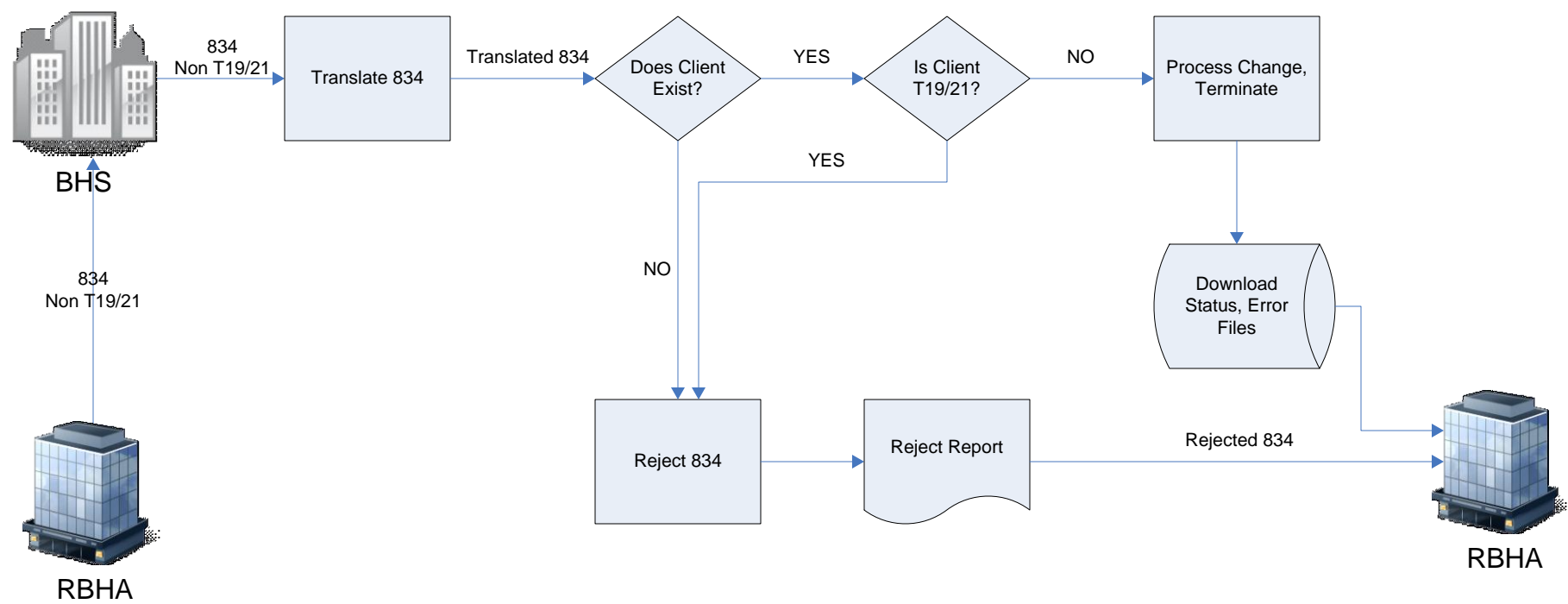


Figure 3: Non-Title XIX (State Only) Enrollment Change/Terminations Process Flow

# RBHA Plan Change Due to Address Change at AHCCCS

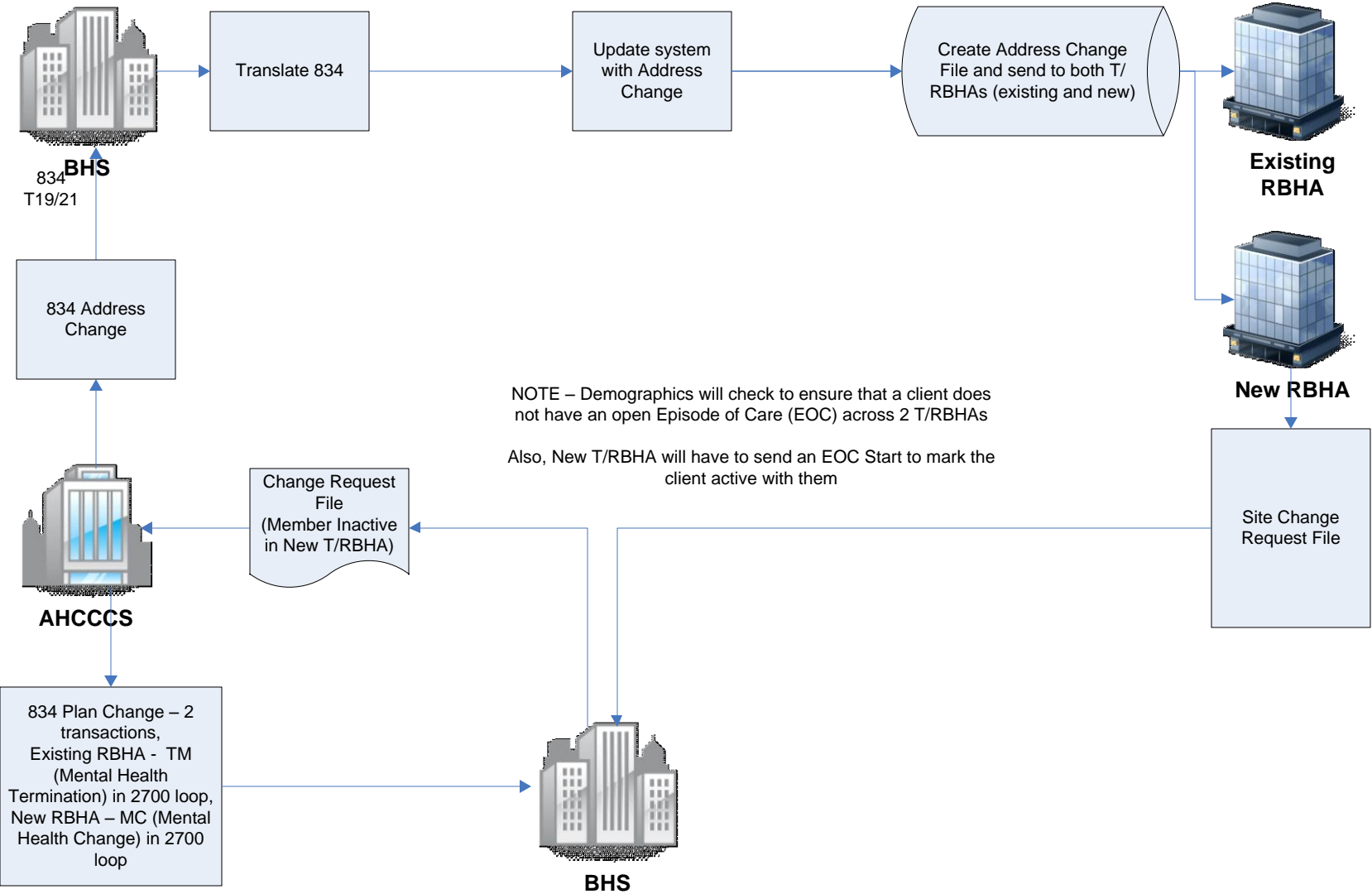


Figure 4: Title XIX (AHCCCS) RBHA Change Flow

## Change Non-T19/T21 to T19/T21

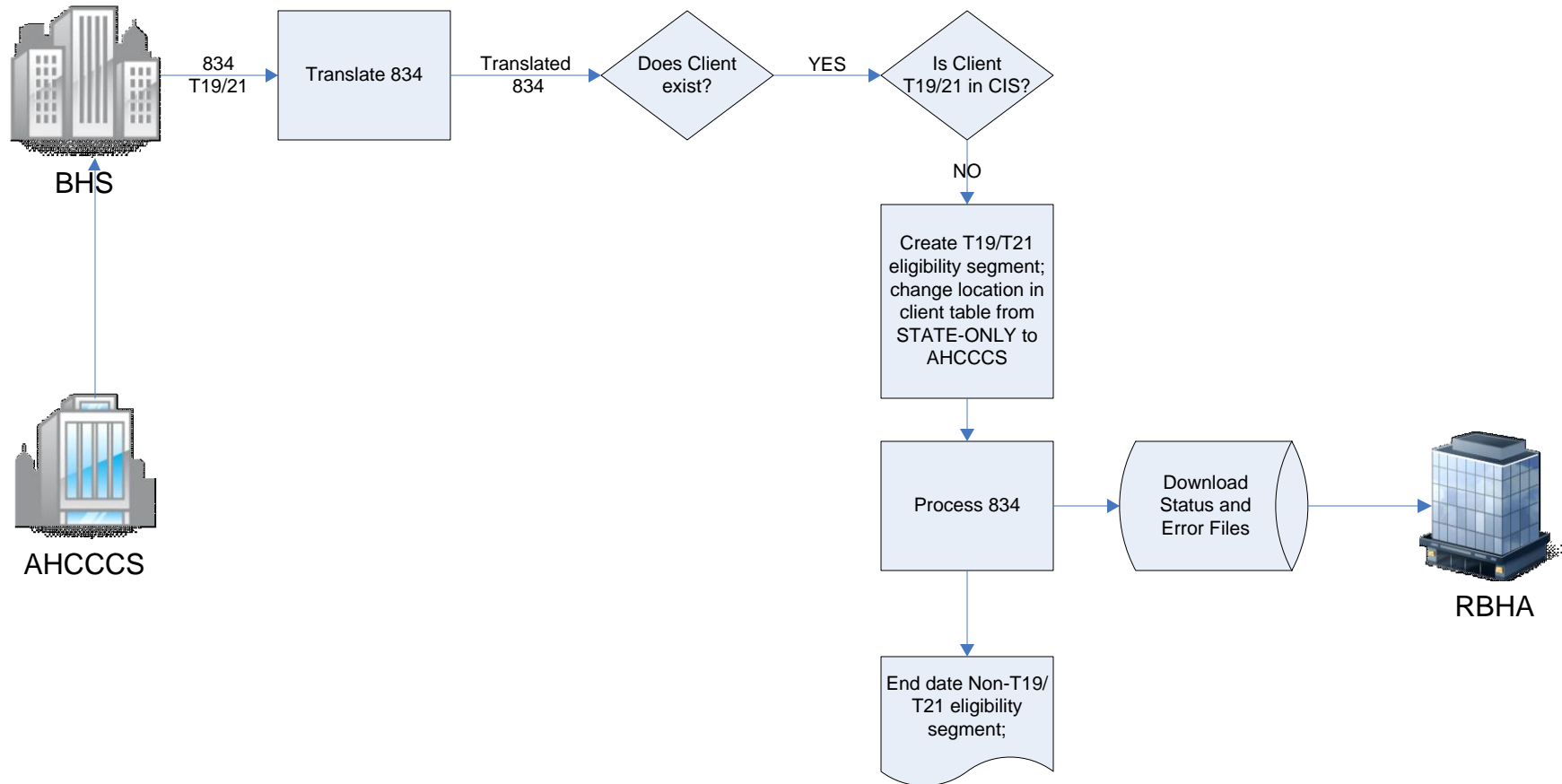


Figure 5: Non Title XIX – Title XIX Transition

# T19/21 Native American T/RBHA Assignment - Plan Change

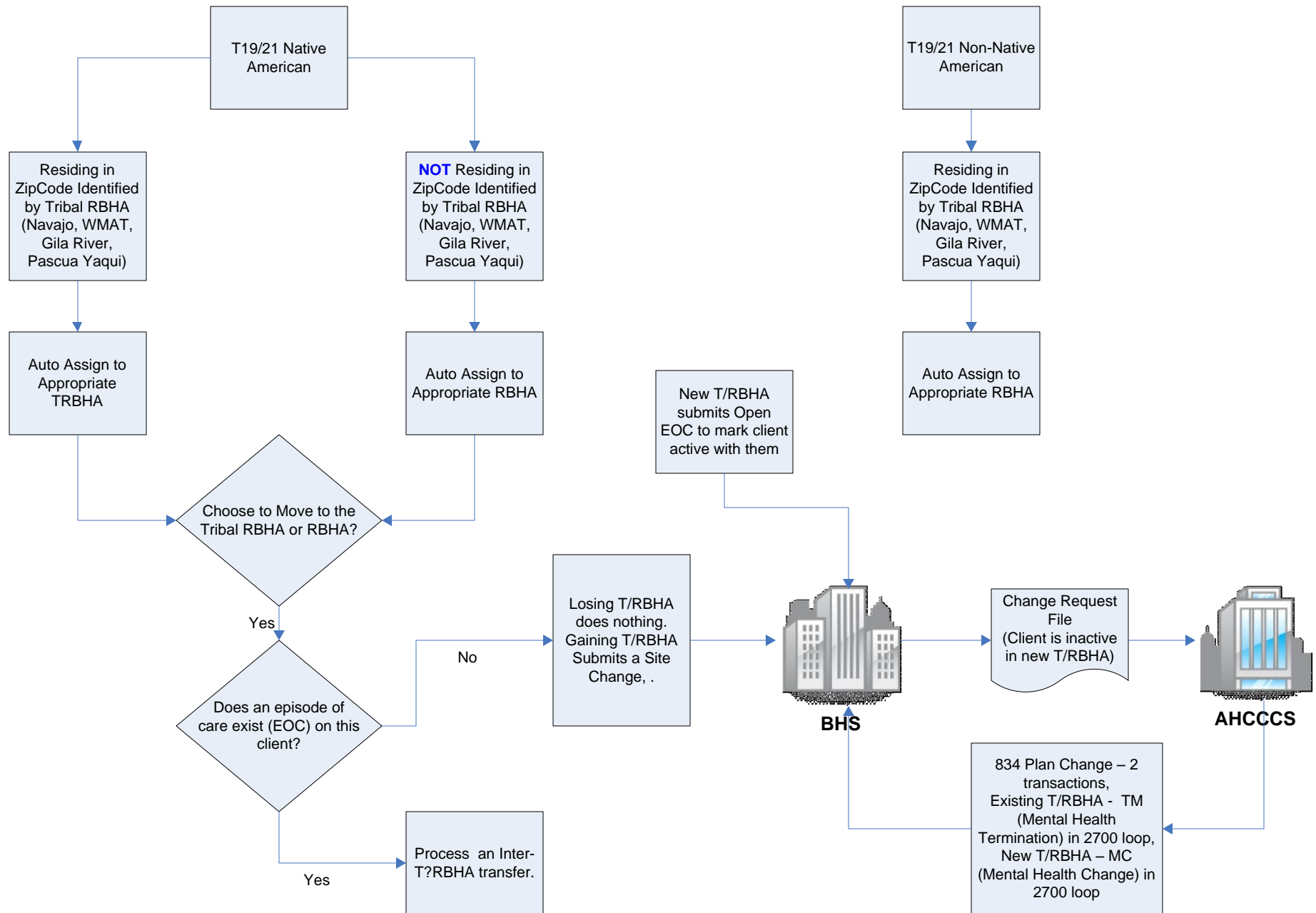


Figure 6: Title XIX (AHCCCS) Native American Enrollment Process Flow



# Client Match Procedure – AHCCCS

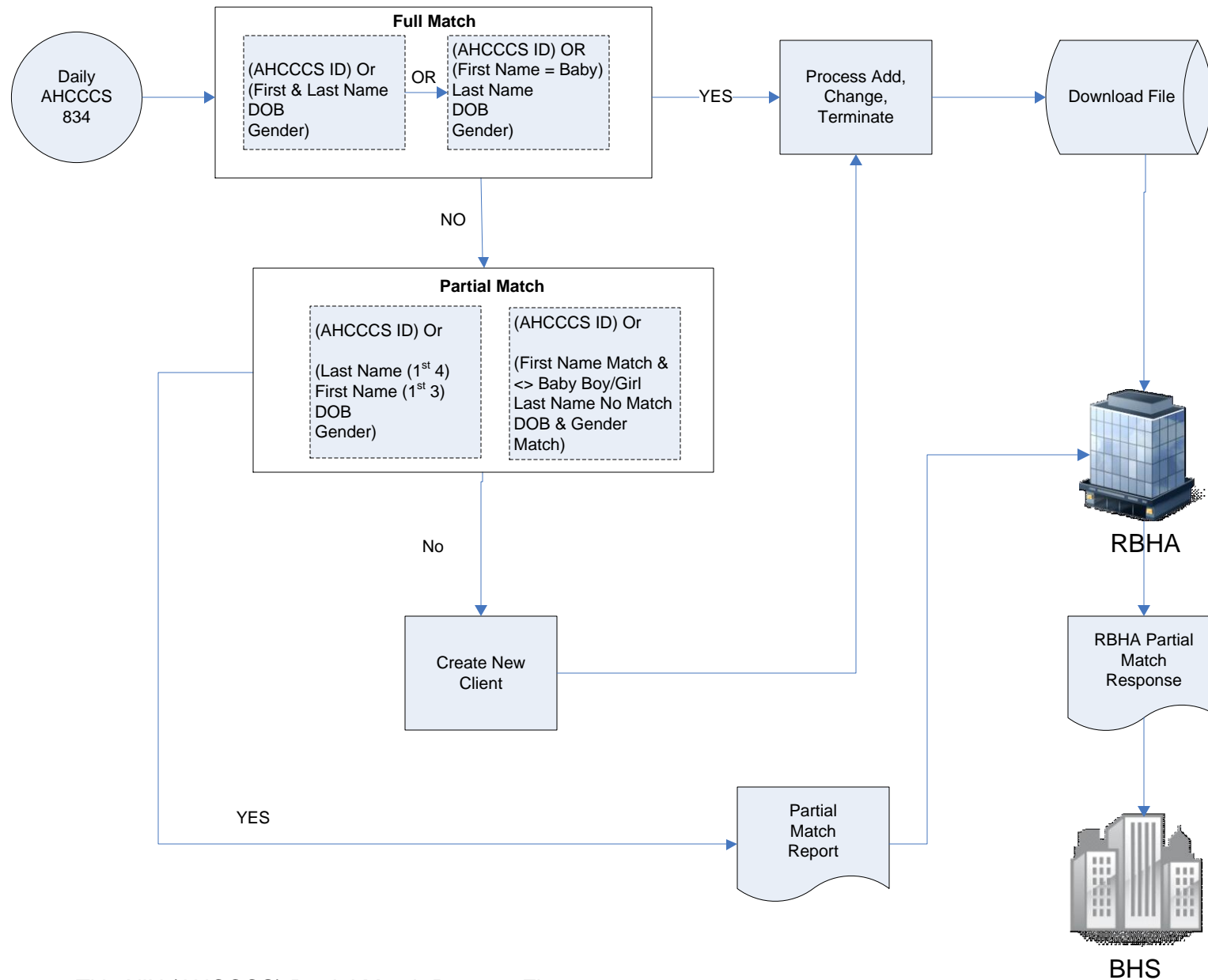


Figure 7: Title XIX (AHCCCS) Partial Match Process Flow

# Client Match Procedure – Non Title XIX (T/RBHA) New Enrollment

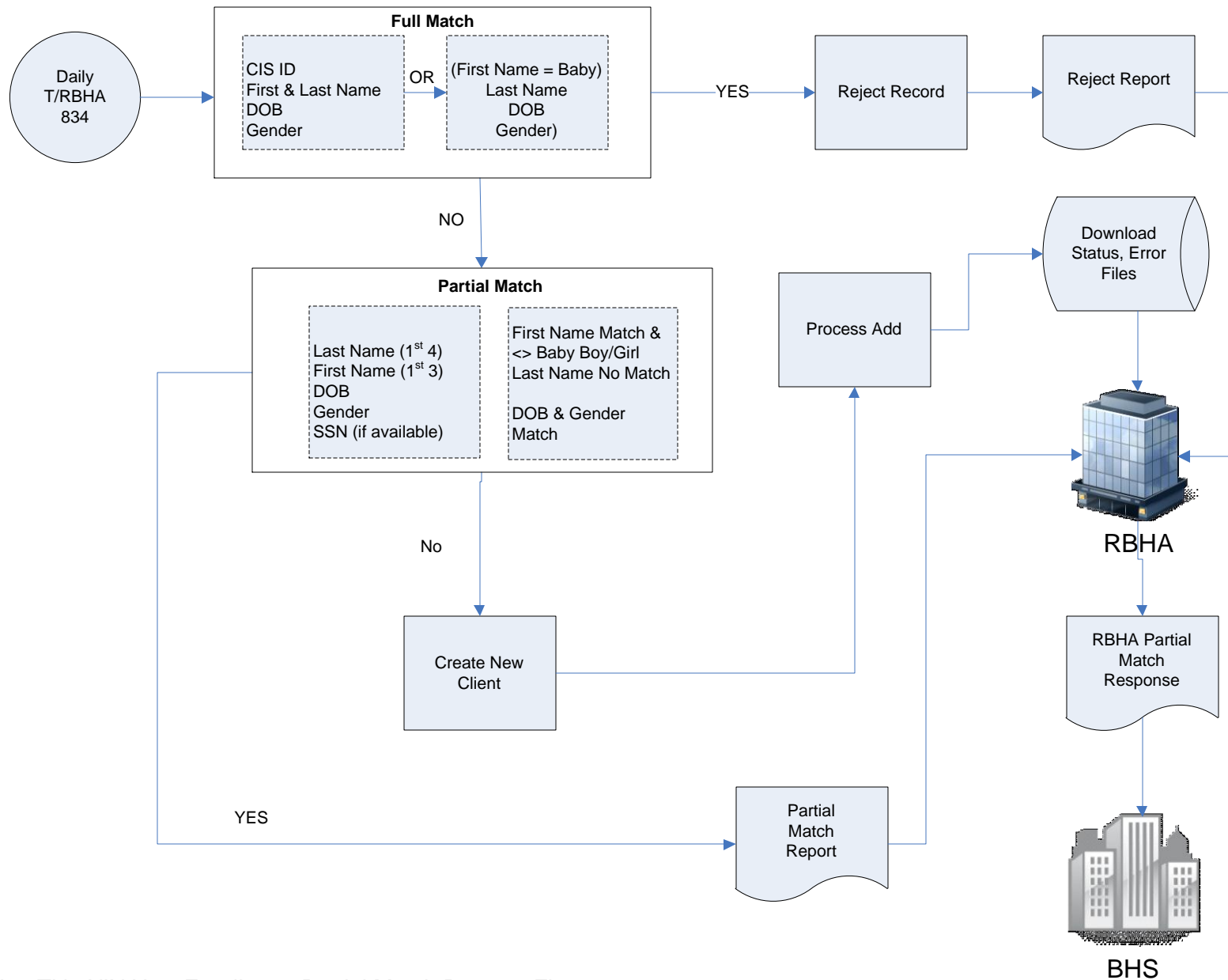


Figure 8: Non Title XIX New Enrollment Partial Match Process Flow

# Client Match Procedure – Non Title XIX Enrollment Change

*(Change/Term/Re-Enrollment)*

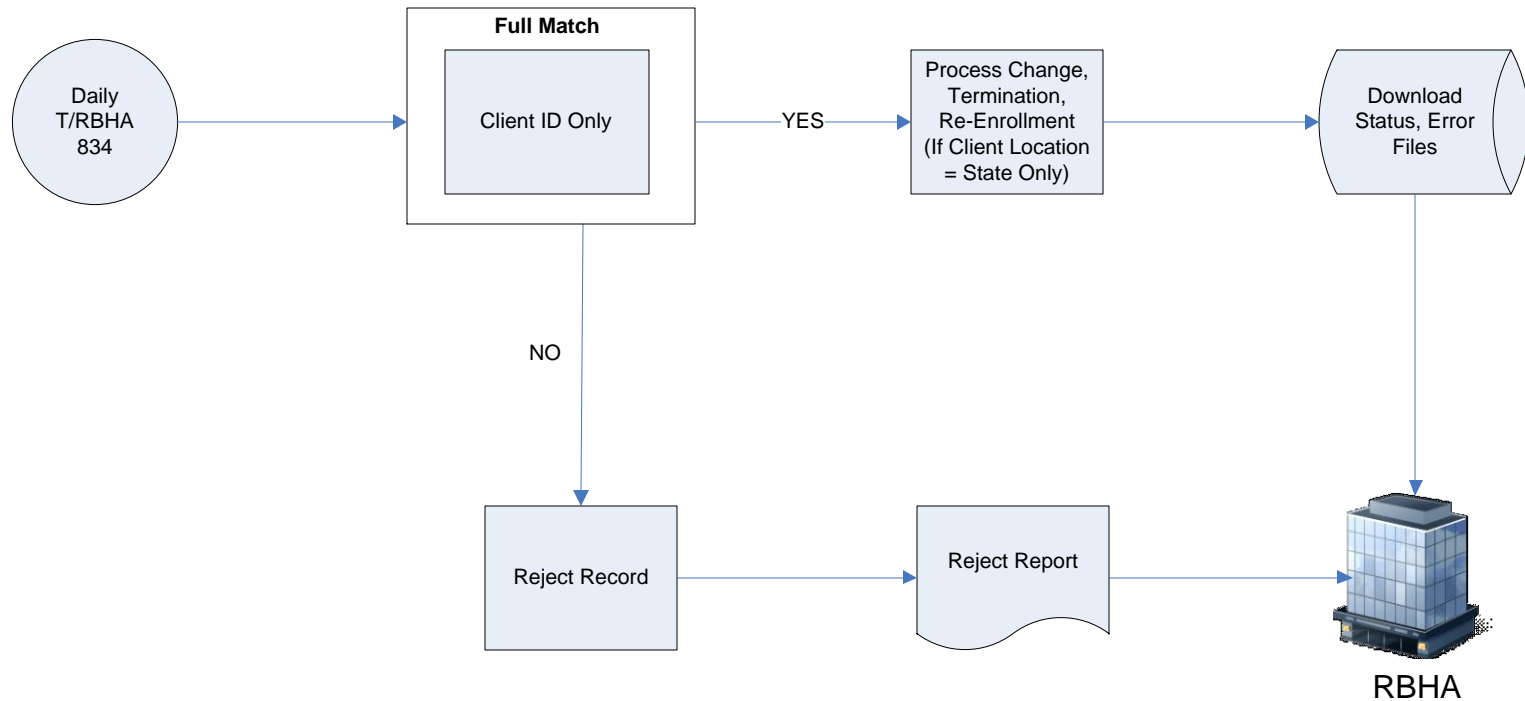
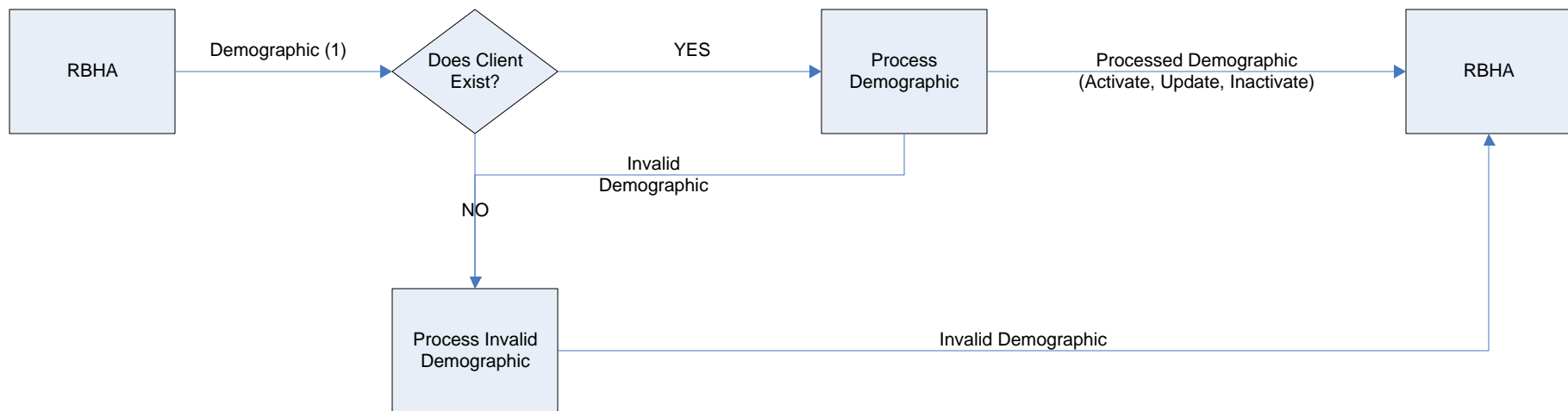


Figure 9: Non Title XIX Enrollment Change Client Match Process Flow

# Business Data Flow – Demographics (Episode of Care)



## Notes:

(1) Submitted <= 45 days after initial contact

DEMOGRAPHIC = Episode of Care

ACTIVE = Client Receiving Services

## Transaction Type:

- 1 Activate, EOC Start
- 2 Complete Update
- 3 Change
- 4 Inactivate/EOC Close
- 5 Crisis Start
- 6 Crisis End
- 9 Correction

- T/RBHA Transaction 1 results in 'Active' Flag in AHCCCS 834 Enrollment transaction
- T/RBHA Transaction 4 results in 'Inactive' Flag in AHCCCS 834 Enrollment transaction
- RBHA 834 (State Only) Enrollment is not affected
- When a site change file is processed, the member is set to 'Inactive' in the AHCCCS 834 Enrollment and the new T/RBHA has to send a Transaction 1 to change the client to 'Active' status with the new T/RBHA

Figure 10: Demographics Process Flow

### **ADHS Daily Change Request Error File - BHS**

This change request error file is generated by BHS. The file will be placed in the prospective T/RBHA production directory on SHERMAN @h74/rbhaftp/rbhaXX

The file name will be **h74-bhs-change-file-errorxx.yymmdd** where  
yymmdd is the date the file is submitted.  
xx is rbha id

Example: h74-bhs-change-file-error26.111018

If there are no errors then the file will be submitted with one record stating 'No errors found'.

Field Name	Size	Remarks
AHCCCS ID	9	Required
LAST NAME	20	Required
FIRST NAME	10	Required
MIDDLE INIT	1	Optional
GENDER	1	Required Must be F or M
DATE OF BIRTH	8	Required Format CCYYMMDD
CIS ID	10	Required
SSN	9	Optional
SITE	2	Required
CATEGORY	1	Required
BEGIN DATE	8	Required Format CCYYMMDD
ERROR	32	Error generated by BHS

### **ADHS Daily Change Request Error File - AHCCCS**

This change request error file is generated by AHCCCS. The file will be placed in the prospective T/RBHA production directory on SHERMAN @h74/rbhaftp/rbhaXX

The file name will be **H74-ahcccs-change-file-errorxx.yyyymmdd**  
where yyyymmdd is the date the file is submitted.  
xx is rbha id

Example: h74-ahcccs-change-file-error26.111018

If there are no errors then the file will be submitted with one record stating 'No errors found'.

Field Name	Size	Remarks
AHCCCS ID	9	Required
LAST NAME	20	Required
FIRST NAME	10	Required
MIDDLE INIT	1	Optional
GENDER	1	Required Must be F or M
DATE OF BIRTH	8	Required Format CCYYMMDD
CIS ID	10	Required
SSN	9	Optional
SITE	2	Required
CATEGORY	1	Required
BEGIN DATE	8	Required Format CCYYMMDD
ERROR	32	Error generated by AHCCCS

## ADHS Daily Change Request File (Phase II)

This file is used to make a RBHA change (site change) at AHCCCS. The file will be filled out by the departing T/RBHA and then placed in the departing T/RBHA production directory /u01/p/h74/rbhaftp/rbhaxx. The file needs to be kept by 5.00pm. ADHS will review the file and submit it to AHCCCS. The file name should be CHGxxyymmdd.DAT where xx is the departing RBHA and yymmdd is the date on which the file is submitted.

### NEW BHS CHANGE FILE

AHCCCS ID	9	Required
LAST NAME	20	Required
FIRST NAME	10	Required
MIDDLE INIT	1	Optional
GENDER	1	Required Must be F or M
DATE OF BIRTH	8	Required Format CCYYMMDD
CIS ID	10	Required
SSN	9	Optional
SITE	2	Required Must be valid site code in PMMIS
CATEGORY	1	Required Must be C, G or S
SMI IND	1	Required if Category = S Must be A or B
BHS ACTIVE IND	1	Required Must be Y (Yes-active) or N (Not active)
BEGIN DATE	8	Required Format CCYYMMDD
END DATE	8	Optional Format CCYYMMDD

The begin date will be the date the client receives services from the new T/RBHA. AHCCCS will terminate the departing T/RBHA one day prior to the begin date submitted in the file.

## ARIZONA DEPARTMENT OF HEALTH SERVICES

CLIENT INFORMATION SYSTEM

DAILY ENCOUNTER REPORT

PAGE: 1

RUN DATE:04/04/12

SEQUENCE:01

RBHA	FORM	TOTAL	NORMAL	VOID	REPLACEMENT	ACCEPTED	REJECTED	PROCESS D	AHCCCS	BHS %	ACCEPTED
07	HCFA	21514	20796	319	399	21429	85	04-APR-12	16628	4801	99.60



## Encounter pre-processing edits

### 1. ENC001 – Date submitted should be valid date.

Generic procedure to validate all date fields submitted has valid date value.  
Example: Service start and end dates.

### 2. ENC002 – Number submitted should be valid number.

Generic procedure to validate all numeric fields contains valid numeric value.  
Example: Units and Dollars.

### 3. ENC003 – ICN number must be $\geq 11$ and $\leq 20$ bytes in length.

This validation is to make sure all ICN's submitted to DBHS are  $\geq 11$  and  $\leq 20$  bytes in length. 11 byte originated from old ENCOUNTER table and ICN is used as Patient Acct Number @AHCCCS. This is DBHS primary key to identify Encounters in CIS.

### 4. ENC004 - Duplicate Encounter exists.

All ICN submitted to DBHS must be unique including original, void and replacement claims. This applies to inbound and existing encounters in CIS.

### 5. ENC005 - First digit in ICN is not valid for RBHA.

Each RBHA must prefix their ICN with unique character identified below to avoid inter RBHA duplicate ICN's. This is DBHS enforced character, below is the list of values currently in use:

C – RBHA 02  
D – RBHA 22  
G – RBHA 32  
M – RBHA 07  
5 – RBHA 15  
8 – RBHA 26  
9 – RBHA 27

### 6. ENC006 - Client is not enrolled during the dates of service.

This edit is performed on all original and replacement encounters to ensure all clients were either AHCCCS (T19/T21) or DBHS (NT19) enrolled during the date of service. This validation is purely driven by 834 files received from AHCCCS and RBHA's.

**7. ENC007 – Claim Sent out to AHCCCS, no void or replacement allowed.**

This edit is to stop void or replacement transactions being accepted for Encounters that have been submitted to AHCCCS. Encounter status for such claims will be 'SO' – Sent out to AHCCCS. Reason for this validation is we need AHCCCS CRN from Pend/Adjudication cycle to submit void/replacements to AHCCCS.

**8. ENC008 – Multi-Line 837p claims not allowed.**

Ensure all 837p encounters are single line. AHCCCS assigns multiple CRN to multi-line 837p and if 1 line fails, the RBHA has to void/replace all lines regardless of status of other lines at AHCCCS. Due to this fact, both DBHS and RBHA's agreed to go with single line 837p Encounters.

**9. ENC009 – Cannot replace AHCCCS claim with BHS claim.**

This edit is to prevent accepting replacement Encounter that changed client enrollment from AHCCCS (T19/T21) to DBHS (NT19). This can only be done, by first voiding the encounter at AHCCCS and after receiving a response from AHCCCS. RBHA's will be sending an original transaction which will be accepted and stored as DBHS encounter.

**10. ENC010 – Duplicate void not allowed.**

Same encounter can't be voided multiple times. Keeping this edit as part of our pre-process will prevent sending duplicate transactions to AHCCCS and less PEND to handle.

For example RBHAXX submit ICN: 1111111111, AHCCCS pended the claim and RBHA submitted a void transaction ICN: 1111111112 for 1111111111, DBHS sent the void to AHCCCS meanwhile RBHA submits ICN: 1111111113 trying to void ICN: 1111111111 again.

**11. ENC011 – Duplicate replacement not allowed.**

Same encounter can't be replaced multiple times, same as item 10.

**12. ENC012 – Un-Handled status code.**

This error gets triggered when void transaction gets submitted for encounter status other than 'ST','PE' and 'AP'.

**13. ENC013 – ICN not found.**

This error gets triggered when original ICN submitted by RBHA's for void/replacement is not found in Encounter tables.

#### **14. ENC014 – Invalid frequency code.**

Check for invalid frequency code, any other values besides following will be rejected for this error.

**837p and 837i**

**NCPDP**

**0 thru 5 & 9 - Original**

**B1 - Original**

**7 – Replacement**

**B2 – Void (Reversal)**

**8 – Void**

**B3 – Replacement (Re-bill)**

#### **15. ENC015 – No replacements allowed on voids.**

Ensure no replacements are submitted for Encounters that are already voided by RBHA.

#### **16. ENC016 – Claim denied, no void allowed.**

Encounters with DN (denied) status cannot be voided, only replacements are allowed for Denied encounters.

#### **17. ENC017 – TX class not valid for Medicare.**

NCPDP encounters for Medicare eligible clients must be part of Therapeutic drug class, if not they will be rejected with this error.

Miscellaneous:

Inbound:

- All ENCOUNTERS submitted to DBHS have unique trading partner agreement specified in 837 transactions. This includes BBA certification from EDI manager and CFO. Identifying RBHA as the submitter and DBHS as receiver.
- 837P-1000B loop, indicates DBHS as receiver with Tax-ID.
- All Encounters submitted to DBHS will have DBHS issued CLIENT\_ID (2010BA-NM109).
- All void/replacement Encounters submitted to DBHS will have original ICN\_NBR.

Outbound:

- All ENCOUNTERS submitted to AHCCCS will have DBHS BBA certification from EDI manager. Identifying DBHS as the submitter and AHCCCS as receiver.
- We do send DBHS health plan id + RBHA TSN identifying the data reported in that file.
- 837P-1000B loop, indicates AHCCCS as receiver with Tax-ID.
- All AHCCCS eligible encounters submitted to AHCCCS will have CLIENT\_ID to AHCCCS\_ID (2010BA-NM109) conversion.

- All AHCCCS eligible void/replacement Encounters submitted to AHCCCS will have original ICN to CRN\_NBR (2300-REF02) conversion.
- Based on AHCCCS requirement, each outbound file will have a maximum of 20,000 encounters. RBHA submission exceeding this limit will have another separate file submitted to AHCCCS.
- Replacement to NT19 claim with T19 will be submitted to AHCCCS as original claim. We change the frequency code from '7' to '1'.

## Enrollment Resync Comma Delimited File Layout – Record size 95 bytes

The adhoc resync is submitted to T/RBHA upon request and kept on SHERMAN@rbhaftp/rbhaXX

- **Record length:** 95
- Format of filename ENR\_RESYNC\_XX\_MMDDYY.DAT
  - xx represents T/RBHA
  - MMDDYY represents date file is generated

Record Position From To		Column Name	Type	Size	Comment/Changes
1	9	AHCCCS Id	Char	9	Value: AHCCCS Id
10	10	Filler	Char	1	Value: ,
11	20	Client Id	Char	10	Value: Client Id
21	21	Filler	Char	1	Value: ,
22	41	Last Name	Char	20	Value: Client Last Name
42	42	Filler	Char	1	Value: ,
43	52	First Name	Char	10	Value: Client First Name
53	53	Filler	Char	1	Value: ,
54	61	Date of Birth	Char	8	Value: Client Date of Birth
62	62	Filler	Char	1	Value: ,
63	64	RBHA Id	Char	2	Value: RBHA Id
65	65	Filler	Char	1	Value: ,
66	73	Begin Date	Char	8	Value: Enrollment Begin Date
74	74	Filler	Char	1	Value: ,
75	82	End Date	Char	8	Value: Enrollment End Date
83	83	Filler	Char	1	Value: ,
84	84	Mental Health Category	Char	1	Value: Mental Health Category
85	85	Filler	Char	1	Value: ,
86	95	Location	Char	10	Value: Location

## New Enrollment Process – Error Handling

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- **ENR001 – Maintenance type code is not valid**
  - **Valid values**
    - 001 – change
    - 021 – addition
    - 024 – termination
  
- **ENR002 – Maintenance reason code is not valid**
  - **Valid values**
    - 22 - Plan Change
    - 25 - Change in Identifying Element
    - 29 - Benefit Selection
    - 33 - Personnel Data
    - 43 - Change of Location
    - AI - No Reason Given
    - 02 – Birth
    - 28 - Initial Enrollment
    - 41 - Re-enrollment
    - 03 - Death
    - 07 - Termination of Benefits
    - 14 - Voluntary Withdrawal
    - AH - Patient Moved
  
- **ENR003 – Maintenance type code and maintenance reason code is not a valid combination**
  - If **maintenance type code = 001 (change)**, then maintenance reason code must equal
    - 22 - Plan Change
    - 25 - Change in Identifying Element
    - 29 - Benefit Selection
    - 33 - Personnel Data
    - 43 - Change of Location
    - AI - No Reason Given
  - If **maintenance type code = 021 (addition)**, then maintenance reason code must equal
    - 02 – Birth
    - 28 - Initial Enrollment
    - 41 - Re-enrollment
  - If **maintenance type code = 024 (termination)**, then maintenance reason code must equal
    - 03 - Death

## New Enrollment Process – Error Handling

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- 07 - Termination of Benefits
  - 14 - Voluntary Withdrawal
  - 22 - Plan Change
  - AH - Patient Moved
- 
- **ENR004 – RBHA ID on file header is not valid**
    - **Valid values**
      - CENPATICO-2
      - MAGELLAN
      - NARBHA
      - CENPATICO-4
      - CPSA-5
      - CENPATICO -3
      - GILA RIVER
      - NAVAJO NATION
      - PASCUA YAQUI
      - WH-MT-APACHE
- 
- **ENR005 – Action code is not valid**
    - **Valid value**
      - 2- Change/Update (Used to identify a transaction of additions, terminations and changes to the current enrollment)
- 
- **ENR006 – Client ID is required on a change, a termination or a re-enrollment**
    - The client id must exist on table h74\_834inbound\_load if maintenance type code = 001 (change) or 024 (termination) or if the maintenance type code = 021 and the maintenance reason code = 41 (re-enrollment)
- 
- **ENR007 – Client ID is not valid**
    - The client id must exist on table H74BHS\_CLIENT
- 
- **ENR008 – Date of Birth is required**
    - The date of birth must exist on table h74\_834inbound\_load
- 
- **ENR009 – Member First Name is required**

## New Enrollment Process – Error Handling

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- The first name must exist on table h74\_834inbound\_load
- **ENR010 – Member Last Name is required**
  - The last name must exist on table h74\_834inbound\_load
- **ENR011 – Enrollment Begin Date is required on an add transaction**
  - The enrollment begin date on table h74\_834inbound\_load must exist if the maintenance type code = 021 (addition)
- **ENR012 – Enrollment End Date is required on a termination**
  - The enrollment end date on table h74\_834inbound\_load must exist if the maintenance type code = 024 (termination)
- **ENR013 – Medicare Plan Code is not valid**
  - If populated the Medicare plan code on table h74\_834inbound\_load must contain the following values
    - A - Medicare Part A
    - B - Medicare Part B
    - C - Medicare Part A & B
    - E - No Medicare
- **ENR014 – Employment Status Code is not valid**
  - If populated the employment status code on table h74\_834inbound\_load must contain the following values
    - AC – Active
    - FT – Full-Time
    - TE – Terminated
- **ENR015 – Gender is not valid**
  - If populated the gender on table h74\_834inbound\_load must contain the following values
    - F - Female
    - M – Male
    - U - Unknown



## New Enrollment Process – Error Handling

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- **ENR016 – Marital Status Code is not valid**
  - If populated the marital status code on table h74\_834inbound\_load must contain the following values
    - B - Registered Domestic Partner
    - D - Divorced
    - I - Single
    - M - Married
    - R - Unreported
    - S – Separated
    - U - Unmarried Single or Divorced or Widowed
    - W – Widowed
    - X - Legally Separated
  
- **ENR017 – Ethnicity Code is not valid**
  - If populated the ethnicity code on table h74\_834inbound\_load must contain the following values
    - 7 - Not Provided
    - 8 - Not Applicable
    - A - Asian or Pacific Islander
    - B – Black
    - C – Caucasian
    - D - Subcontinent Asian American
    - E - Other Race or Ethnicity
    - F - Asian Pacific American
    - G - Native American
    - H - Hispanic
    - I - American Indian or Alaskan Native
    - J - Native Hawaiian
    - N – Black (Non-Hispanic)
    - O – White (Non-Hispanic)
    - P – Pacific Islander
    - Z - Mutually Defined
  
- **ENR018 – Language Code is not valid**
  - If populated the language code on table h74\_834inbound\_load must contain a language code from the ISO 639 Language Codes list

## New Enrollment Process – Error Handling

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- **ENR019 – Zip Code is not valid**
  - If populated the zip code on table h74\_834inbound\_load must exist on table h74zip\_codes with an active status
- **ENR020 – Date of Birth must be a valid date - Format CCYYMMDD**
- **ENR021 – Enrollment Begin Date must be a valid date - Format CCYYMMDD**
- **ENR022 – Enrollment End Date must be a valid date - Format CCYYMMDD**
- **ENR023 – Maintenance Effective Date must be a valid date - Format CCYYMMDD**
- **ENR024 – Date of Death Date must be a valid date – Format CCYYMMDD**
- **ENR025 – Incorrect Date of Birth must be a valid date – Format CCYYMMDD**
- **ENR026 – Rate Code Begin Date must be a valid date – Format CCYYMMDD**
- **ENR027 – Mental Health Category Begin Date must be a valid date – Format CCYYMMDD**
- **ENR028 – Mental Health Category End Date must be a valid date – Format CCYYMMDD**
- **ENR029 – Pregnancy Expected Date must be a valid date – Format CCYYMMDD**
- **ENR030 – Multiple Clients found with the same Gender, DOB, First Name, Last Name**

## New Enrollment Process – Error Handling

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- **ENR031 - Multiple Clients found with the same Gender, DOB, First Name (3), Last Name (4)**
- **ENR032 - An enrollment segment already exists for the given Client ID and Dates**
- **ENR033 - No enrollment segment was found for Client ID**
- **ENR034 - Client cannot have overlapping enrollment segments**
- **ENR035 - The enrollment information on this client belongs to a different RBHA**
- **ENR036 - RBHA is not allowed to terminate an AHCCCS eligible Client**
- **ENR037 - RBHA is not allowed to change an AHCCCS eligible Client**
- **ENR038 - Maintenance Effective Date is required on a change**
  - The maintenance effective date must exist on table h74\_834inbound\_load if maintenance type code = 001 (change)
- **ENR039 - Gender is required**
  - The gender must exist on table h74\_834inbound\_load
- **ENR040 - There is not an open enrollment segment to terminate**
- **ENR041 - The enrollment end date is prior to the enrollment begin date**
- **ENR042 - RBHA is not allowed to terminate a State-Only Client that belongs to a different RBHA**
- **ENR043 - RBHA is not allowed to change a State-Only Client that belongs to a different RBHA**

## New Enrollment Process – Error Handling

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- **ENR044 – Cannot terminate a client that does not exist in the system**
- **ENR045 – Cannot change a client that does not exist in the system**
- **ENR046 – Incorrect Marital Status Code is not valid**
- **ENR047 – Incorrect Ethnicity Code is not valid**
- **ENR048 – Client ID cannot be submitted on a new client**
- **ENR049 – Termination Dates provided conflict with existing Enrollment Segment**
- **ENR050 – Invalid Member Identifier Code**
- **ENR051 – Invalid City, State or Zip Code combination**
- **ENR052 - Re-Enrollment Dates provided conflict with existing Enrollment Segment**
- **ENR053 – Address Required For Reason Code 43 ( Change Of Address)**
- **ENR054 - Maintenance Reason Code 33 is used to change Co-Pay and SOC information**
- **ENR055 - Maintenance Reason Code AI is used to change Pregnancy information**

## Enrollment File Naming Specifications

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### AHCCCS Files

- **AZD834-nnnnnn-yymmdd.TXT** – Daily 834 file submitted by AHCCCS
  - nnnnnn is the AHCCCS Provider ID
  - yymmdd is the date the file is submitted
- **AZM834-nnnnnn-yymmdd.TXT** - Monthly 834 file submitted by AHCCCS
  - nnnnnn is the AHCCCS Provider ID
  - yymmdd is the date the file is submitted
- **h74-834-status-AZD834-nnnnnn-yymmdd-xxx.txt** – Status file created from the daily file submitted by AHCCCS
  - AZD834-nnnnnn-yymmdd is the name of the AHCCCS 834 file
  - xxx is a sequence number used by BHS
- **h74-834-partial-AZD834-nnnnnn-yymmdd-xxx.txt** – Partial match file created from the daily file submitted by AHCCCS
  - AZD834-nnnnnn-yymmdd is the name of the AHCCCS 834 file
  - xxx is a sequence number used by BHS

### T/RBHA Files

- **enr834xx.yyyymmdd.nn** – Daily 834 file submitted by the T/RBHA's
  - xx is the T/RBHA Id
  - yyyymmdd is the date the file is submitted
  - nn is a sequential number usually 01
- **h74-834err-enr834xx.yyyymmdd-nnn.txt** – Error file generated from the daily T/RBHA 834 file
  - enr834xx.yyyymmdd is the name of the T/RBHA file
  - nnn is a sequential number used by BHS
- **h74-834-status-enr834xx.yyyymmdd-nnn.txt** – Status file created from the daily file submitted by the T/RBHA's
  - enr834xx.yyyymmdd is the name of the T/RBHA file
  - nnn is a sequential number used by BHS
- **h74-834-partial-enr834xx.yyyymmdd-nnn.txt** - Partial match file created from the daily file submitted by the T/RBHA's
  - enr834xx.yyyymmdd is the name of the T/RBHA file
  - nnn is a sequential number used by BHS
- **h74-834-error-rpt-enr834xx.yyyymmdd-nnn.txt** - Error report generated from the daily T/RBHA 834 file
  - enr834xx.yyyymmdd is the name of the T/RBHA file
  - nnn is a sequential number used by BHS

### Partial Match Response Files

- **T/RBHA 834 (State-Only clients) - enrresponsexx.yyyymmdd.nn**
  - xx is the T/RBHA ID
  - yyyymmdd is the date the file is being sent to BHS
  - nn is a sequential number of 01
- **AHCCCS 834 (AHCCCS eligible clients) - enrresponsexx.AHCCCSyyyymmdd.nn**

## Enrollment File Naming Specifications

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- xx is the T/RBHA ID
- yyyyymmdd is the date the file is being sent to BHS
- nn is a sequential number of 01
- **AHCCCS 834 (response status file) – h74-834-status-enrresponsexx.AHCCCSyyyyymmdd-nnnn.txt**
  - xx is the T/RBHA ID
  - yyyyymmdd is the date the file is being sent to BHS
  - nnnn is a sequential number used by BHS
- **T/RBHA 834 (response status file) - h74-834-status-enrresponse15.yyyymmdd-nnnn.txt**
  - xx is the T/RBHA ID
  - yyyyymmdd is the date the file is being sent to BHS
  - nnnn is a sequential number used by BHS

### Daily Change Request File

- **CHGxxymmdd.DAT** - File used to make a RBHA change at AHCCCS. The file will be filled out by the gaining T/RBHA
  - xx is the gaining RBHA
  - yymmdd is the date the file is submitted

### State Roster Files

- **enrstful.zpyyyymmdd.zip** – weekly roster
- **enrstinc.dayyyymmdd.nn** – daily roster

### Address Change File

- **h74-834-addressnewxx.yyyymmdd-nnn** – file sent to new T/RBHA
  - xx represents T/RBHA
  - yyyyymmdd represents date file is generated
  - nnn represents sequential number used by BHS
- **h74-834-addressoldxx.yyyymmdd-nnn** – file sent to existing T/RBHA
  - xx represents T/RBHA
  - yyyyymmdd represents date file is generated
  - nnn represents sequential number used by BHS

# Enrollment Error File Layout

**File name: h74-834err-enr834xx-yyyymmdd-nnn** – Daily download from ADHS to each T/RBHA. The file will contain 834 errors that are identified during the nightly batch processing.

**enr834xx-yyyymmdd** - file submitted by the RBHA  
**nnn** - sequence number assigned by ADHS

## Notes

1. Character fields have spaces.
2. Files are tilde-delimited (~) between each field.
3. Record length: 243

Record Position From To		Column Name	Type	Size	Comment/Changes
1	10	Client ID	Char	10	Value: Client ID in error (if exists)
11	11	Filler	Char	1	Value: ~
12	36	First Name	Char	25	Value: First Name in error (if exists)
37	37	Filler	Char	1	Value: ~
38	72	Last Name	Char	35	Value: Last Name in error (if exists)
73	73	Filler	Char	1	Value: ~
74	81	Date of Birth	Char	8	Value: Date of Birth in error (if exists)
82	82	Filler	Char	1	Value: ~
83	83	Gender	Char	1	Value: Gender in error (if exists)
84	84	Filler	Char	1	Value: ~
85	94	RBHA Client ID	Char	10	Value: RBHA Client ID
95	95	Filler	Char	1	Value: ~
96	101	Error Code	Char	6	Value: ENR001, ENR002, ENR003 etc.,
102	102	Filler	Char	1	Value: ~
103	162	Error Details	Char	60	Value: Detail of error
163	163	Filler	Char	1	Value: ~
164	243	Message Text	Char	80	Value: Error message

# RBHA Encounter Withhold Data File Specifications

## April 18, 2012

**RBHA Encounter Withhold Data File Layout**

#	Field Name	Data Type	Field Length	Description
1.	ICN NBR	Character	20	<p>Invoice Control Number or claim number. The first character of the ICN is reserved to uniquely identify the submitting RBHA. The remaining digits are defined by the RBHA. ICN is <math>\geq 11</math> and <math>\leq 20</math> in size. Structure of the ICN is as follows:</p> <p>RXXXXXXXXXXXXXXXXXX</p> <p>Possible values for "R":</p> <ul style="list-style-type: none"> <li>C – Cenpatico – GSA 2</li> <li>M – Magellan</li> <li>5 – NARBHA</li> <li>D – Cenpatico – GSA 4</li> <li>8 – CPSA – GSA 5</li> <li>9 – CPSA – GSA 3</li> <li>G – Cenpatico GSA 3</li> </ul>
2.	LINE NBR	Number	6	<p>Encounter line item number.</p> <p>Possible values are 01-99.</p>
3.	CONTRACTOR ID (RBHA)	Character	2	<p>Contractor identification number of the RBHA that submitted the Encounter. This ID is assigned and used internally within the CIS.</p> <p>Valid values:</p> <ul style="list-style-type: none"> <li>1. 02 – Cenpatico – GSA 2</li> <li>2. 07 – Magellan</li> <li>3. 15 – NARBHA</li> <li>4. 22 – Cenpatico – GSA 4</li> <li>5. 26 – CPSA – GSA 5</li> <li>6. 27 – CPSA – GSA 3</li> <li>7. 32 – Cenpatico – GSA 3</li> </ul>
4.	CLIENT ID	Character	10	<p>Unique CIS 10-digit number that identifies the Client reported on the Encounter.</p>
5.	START DATE	Date	8 (YYYYMMDD)	<p>Service start date. Indicates the first date the service was provided.</p>
6.	END DATE	Date	8 (YYYYMMDD)	<p>Service end date. Indicates the last date the service was provided.</p>
7.	CIS ADD DATE	Date	8 (YYYYMMDD)	<p>Date the Encounter was added to the CIS database.</p>
8.	ELIGIBILITY CONTROL DATE	Date	8 (YYYYMMDD)	<p>Obsolete.</p>



**RBHA Encounter Withhold Data File Specifications**  
**April 18, 2012**

#	Field Name	Data Type	Field Length	Description
9.	PROCEDURE CODE	Character	5	Procedure code denoting the service reported on an HCFA 1500 or Drug Encounter line item. For Drug Encounters, the Procedure Code value is always "D1000".
10.	REVENUE CODE	Character	4	Revenue code denoting the service provided and reported on an UB 92 Encounter line item.
11.	NDC CODE	Character	11	National Drug Code identifying the drug dispensed and reported on a Drug Encounter line item.
12.	CONTRACT TYPE	Character	1	Obsolete.
13.	ELIGIBILITY GROUP	Character	3	This field has replaced the CONTRACT TYPE field in determining Client eligibility. Possible values: "T19" – Title XIX eligible clients "T21" – Title XXI eligible clients (includes HIFA eligible clients previous to 9/24/2003) "DD" – DDD eligible clients "HI" – HIFA eligible clients (includes HIFA eligible clients 9/24/2003 and after) "NON" – Non-Title XIX & XXI clients (The code for CMDP is not known at this time)
14.	TITLE 19 SERVICES	Character	1	"Y" – T19 Service "N" – State Only Service
15.	DDD	Character	1	Obsolete.
16.	PROGRAM INDICATOR	Character	1	Mental Health Category code. Possible values: 1. "C" – Child 2. "S" – SMI 3. "G" – GMH/Other 4. "D" – Substance Abuse Note: This field is not currently being set for records with an Eligibility Group field value of "NON".
17.	ENCOUNTER FORM TYPE	Character	1	Encounter form type. Possible values: 1. "A" – HCFA 1500 2. "B" – UB 92 3. "C" – Drug

**RBHA Encounter Withhold Data File Specifications**  
**April 18, 2012**

#	Field Name	Data Type	Field Length	Description
18.	UNITS	Number	11 (9 integer + 1 decimal char + 1 decimal)	Number of service units reported on Encounter line item.
19.	NET PAID	Number	21 (18 integer + 1 decimal char + 2 decimals)	Net amount of dollars paid. Amount paid on fee for service claim or prescription. This field is always zero for Drug Encounters.
20.	SPECIAL NET VALUE	Number	21 (18 integer + 1 decimal char + 2 decimals)	Indicates the amount that the prepaid type of service encounter is valued.
21.	TOTAL	Number	21 (18 integer + 1 decimal char + 2 decimals)	Calculation of NET PAID + SPECIAL NET VALUE
22.	NTH LINE	Character	1	Obsolete.
23.	AHCCCS ID	Character	9	ID of the Client assigned by AHCCCS.
24.	PROVIDER ID	Character	9	ID of the Provider assigned by AHCCCS.
25.	CRN	Numeric	14	ID of the Encounter assigned by AHCCCS.
26.	YEARMONTH	Character	6	Fiscal Year and Month (YYYYMM)
27.	REPORTED ELIGIBILITY GROUP	Character	3	Eligibility based on type of service on encounter.
28.	PLACE OF SERVICE	Character	2	Place of Service code.
29.	PROCEDURE CODE MODIFIER 1	Character	2	Primary procedure code modifier code.
30.	PROCEDURE CODE MODIFIER 2	Character	2	Secondary procedure code modifier code.

### New Encounter Comma Delimited File Layout – Record size 103 bytes

Record Position From To		Column Name	Type	Size	Comment/Changes
1	20	ICN-Number	Char	20	Value: ICN_NUMBER submitted by RBHA
21	21	Filler	Char	1	Value: ,
22	27	Line-Number	Char	6	Value: LINE_NUMBER submitted by RBHA
28	28	Filler	Char	1	Value: ,
29	30	Encounter-Status	Char	2	Value: ENCOUNTER_STATUS (SO, AP, PE...)
31	31	Filler	Char	1	Value: ,
32	45	CRN-Number	Char	14	Value: CRN_NUMBER from AHCCCS
46	46	Filler	Char	1	Value: ,
47	56	Client-ID	Char	10	Value: BHS_CLIENT_ID submitted by RBHA
57	57	Filler	Char	1	Value: ,
58	77	Original ICN	Char	20	Value: ORIGINAL_ICN submitted by RBHA
78	78	Filler	Char	1	Value: ,
79	79	Frequency-Code	Char	1	Value: FREQUENCY_CODE submitted by RBHA
80	80	Filler	Char	1	Value: ,
81	88	Process-Date	Char	8	Value: SYSTEM date when the record was processed
89	89	Filler	Char	1	Value: ,
90	97	Status-Date	Char	8	Value: SYSTEM date when the status was changed
98	98	Filler	Char	1	Value: ,
99	103	Error-Code	Char	4	Value: Pend Error code from AHCCCS

Each rbha will get separate comma delimited files for each transaction types they submitted on a nightly basis. This file size will increase after Ahcccs pend and adjudication cycle, currently a bi-monthly process (2<sup>nd</sup> and 3<sup>rd</sup> Monday).

Comma delimited file name:

h74-837p-status-XX.daYYYYMMDD.NN  
h74-837i-status-XX.daYYYYMMDD.NN  
h74-ncpdp-status-XX.daYYYYMMDD.NN

XX – RBHA-ID.

YYYYMMDD – Year, Month and Date

NN – 2 digit sequence number

### New Encounter Error File Layout – Record size 156 bytes

Record Position From To		Column Name	Type	Size	Comment/Changes
1	20	ICN-Number	Char	20	Value: ICN_NUMBER in error
21	21	Filler	Char	1	Value: ~
22	27	Line-Number	Char	6	Value: LINE_NUMBER in error
28	28	Filler	Char	1	Value: ~
29	68	Error-Data	Char	40	Value: Actual data in error.
69	69	Filler	Char	1	Value: ~
70	75	Error-Code	Char	6	Value: ENC001, ENC002, ENC003 etc.,
76	76	Filler	Char	1	Value: ~
77	156	Message-Text	Char	80	Value: Error message

Each rbha will get separate error files for each transaction types they submitted on a nightly basis.

Error file name:

h74-837p-XX.erYYYYMMDD.NN

h74-837i-XX.erYYYYMMDD.NN

h74-ncpdp-XX.erYYYYMMDD.NN

XX – RBHA-ID.

YYYYMMDD – Year, Month and Date

NN – 2 digit sequence number

### Validator Error File Layout – Record size 180 bytes

Record Position From To		Column Name	Type	Size	Comment/Changes
1	1	Form Type	Char	1	Value: A or B
2	2	Filler	Char	1	Value: ~
3	22	ICN Number	Char	20	Value: ICN Number
23	23	Filler	Char	1	Value: ~
24	29	Line Number	Char	6	Value: Line Number
30	30	Filler	Char	1	Value: ~
31	180	Error Description	Char	150	Value: Description of Error

An error report will be generated for each RBHA if there are validator errors. Validator rejects only apply to 837p and 837i transactions.

Error file name:

h74-824-XX.erYYYYMMDD.NNN

XX – RBHA-ID.

YYYYMMDD – Year, Month and Date

NNN – 3 digit sequence number

### New DELDUP File Layout – Record size 62 bytes

Record Position From To		Column Name	Type	Size	Comment/Changes
1	2	RBHA-ID	Char	2	Value: RBHA-ID (02, 07, 15, 22, 26 or 27).
3	16	CRN-NUMBER	Char	14	Value: AHCCCS CRN-NBR
17	36	ICN-NUMBER	Char	20	Value: ICN-NBR
37	42	LINE-NUMBER	Char	6	Value: LINE-NBR (000001,000002,000010..)
43	52	CLIENT-ID	Char	10	Value: BHS CLIENT-ID
53	56	ERROR-CODE	Char	4	Value: PEND ERROR-CODE (Z305, Z575...)
57	57	ACTION-CODE	Char	1	Value: ACTION-CODE (O)
58	61	REASON-CODE	Char	4	Value: REASON-CODE (A001, A002 ...)
62	62	RESUBMIT	Char	1	Value: RESUBMIT (Y or N)

All fields are required. If any fields are missing -OR- the reason code is not valid we cannot associate the record with a current pended encounter, the record will be rejected.

**New denied claims file layout – Record size 52 bytes**

Record Position From To		Column Name	Type	Size	Comment/Changes
1	20	ICN-NUMBER	Char	20	Value: ICN-NBR
21	21	FILLER	Char	1	Value: ~
22	27	LINE-NUMBER	Char	6	Value: LINE-NBR (000001,000002,000010..)
28	28	FILLER	Char	1	Value: ~
29	29	FORM-TYPE	Char	1	Value: A, B and C
30	30	FILLER	Char	1	Value: ~
31	32	STATUS	Char	2	Value: DN
33	33	FILLER	Char	1	Value: ~
34	47	CRN-NUMBER	Char	14	Value: AHCCCS CRN-NBR
48	48	FILLER	Char	1	Value: ~
49	52	REASON-CODE	Char	4	Value: REASON-CODE (N027, H270 ...)

h74-denied-claims-xx.YYYYMMDD file (where xx = rbha id and YYYYMMDD is system date).

## Partial Match Report Layout

The partial match report will include records submitted by either AHCCCS or the T/RBHA's that cannot be matched against the H74BHS\_CLIENT table. The partial match process compares the record that is submitted by AHCCCS or by the T/RBHA to a corresponding record in the BHS database.

- **Record length:** 180.
- **Format of filename for 834 from RBHA:** h74-834-partial-enr834xx.yyyymmdd-nnn
  - enr834xx.yyyymmdd is the filename submitted by the T/RBHA's
  - nnn represents sequential number used by BHS
- **Format of filename for 834 from AHCCCS:** h74-834-partial-AZD834-nnnnnn-yymmdd-xxx.txt
  - AZD834-nnnnnn-yymmdd is the filename submitted by AHCCCS
  - xxx represents sequential number used by BHS

Record Location From To		Column Name	Type	Size	Comment/Changes
1	11	Enroll Sequence Number	Char	11	Sequence Number generated by BHS. The same number will be returned in the response file.
12	13	RBHA ID	Char	2	RBHA ID client is associated with
14	22	BHS AHCCCS ID	Char	9	AHCCCS ID in BHS system
23	32	BHS Client ID	Char	10	Client ID in BHS system
33	67	BHS Last Name	Char	35	Last Name in BHS system
68	92	BHS First Name	Char	25	First Name in BHS system
93	100	BHS Date of Birth	Char	8	Date of Birth in BHS system
101	101	BHS Gender	Char	1	Gender in BHS system
102	110	834 AHCCCS ID	Char	9	AHCCCS ID submitted in 834
111	145	834 Last Name	Char	35	Last Name submitted in 834
146	170	834 First Name	Char	25	First Name submitted in 834
171	178	834 Date of Birth	Char	8	Date of Birth submitted in 834
179	179	834 Gender	Char	1	Gender submitted in 834
180	180	Partial Match Response	Char	1	State-Only - 'N' or 'Y'. See details below. AHCCCS - 'U' or 'R'. See details below.

The partial match response file sent to BHS from the T/RBHA will be in the same format as above. A separate response file is required when responding to the AHCCCS eligible clients (834 sent from AHCCCS) as well as the State-Only clients (834 sent from the T/RBHA's). The response files coming back to BHS should use the following naming convention:



- **T/RBHA 834 (State-Only clients)** - **enrresponsexx.yyyymmdd.nn** where xx will correspond to the T/RBHA ID and yyyymmdd will correspond to the date the file is being sent to BHS and nn is a sequential number of 01.
- **AHCCCS 834 (AHCCCS eligible clients)** - **enrresponsexx.AHCCCSyyyymmdd.nn** where xx will correspond to the T/RBHA ID and yyyymmdd will correspond to the date the file is being sent to BHS and nn is a sequential number of 01

**State-Only** - Clients go through the partial match logic only on additions - birth and initial enrollments – reason types 02 and 28. The partial match response field should be populated with either an ‘N’ or ‘Y’. ‘N’ indicates that the client is not a match. BHS will create a new Client ID and then process the transaction as it should be processed. BHS will send a response status report to T/RBHAs. ‘Y’ indicates that the T/RBHA’s have reviewed the information and have determined that the client does not fall into the “N - not a match” category. Transactions marked with a ‘Y’ will not be processed through the system until a new 834 is submitted on the client. BHS will not send any kind of status on members marked as ‘Y’.

**AHCCCS** - Clients go through the partial match logic on additions, changes and terminations. The partial match response field should be populated with either a ‘U’ or ‘R’. ‘U’ indicates that the client in the CIS system is the same client as the 834 but the CIS data needs to be updated with the data from the 834. BHS will send a response status report to T/RBHAs. ‘R’ indicates that the T/RBHA’s have reviewed the information and have determined that the client does not fall into the “U - update” category. Transactions marked with an ‘R’ will not be processed through the system. OPS will be reviewing these clients. BHS will not send any kind of status on members marked as ‘R’.

## Processing 834 Transactions: AHCCCS Enrollment

**Purpose:** Provide RBHA's with a method and logic for accurately interpreting and processing AHCCCS enrollment segments being received in current 834 transactions. The process will accumulate and synthesize raw 834 data into an efficient dataset of AHCCCS enrollment for each client. Properly interpreted and processed AHCCCS 834 enrollment data will match AHCCCS PMMIS screen (RP 285 lower-part) for each client. This document will give pseudo code and the methodology for processing AHCCCS 834's that ADHS has developed and is currently using.

**Data Location:** AHCCCS enrollment segments are located in Loop 2300 (Health Coverage) of the 834 transaction. The DTP (Health Coverage Dates) segments within this loop contain begin/end dates for each AHCCCS Health Plan that the client is enrolled in. Final processed enrollment segments are inserted and held in a permanent internal AhcccsEnrollment table.

### Processing Steps/Logic:

**Translate/Parse inbound 834 file:** All raw 834 EDI file data is translated into a *single record format for each client (AHCCCS Id)* and placed into an 834 transaction data table. The 834 data table is cumulative. This means that In addition to holding the current file's 834 transactions, it holds all previously received 834 transaction records for each client.

**Get data from the 834 transaction table:** Select all records from the 834 transaction table into TempTable1 where the Health Coverage begin date is not null or the Health Coverage end date is not null. Do this selection for each distinct client that is in the daily 834.

**Refine selected 834 data:** Select *the most recent distinct* ahcccs id, health care begin date, health care end date, maintenance type code record from TempTable1 into TempTable2. Update each record in TempTable2 with rate code, health plan id, contract id, and insurance line data from the corresponding TempTable1 record.

**Remove/Clear all records from the AhcccsEnrollment table for each client in the daily 834:** The records for each client are cleared and later rebuilt and inserted into the AhcccsEnrollment table.

**Rebuild Ahcccs enrollment records:** Select each record from TempTable2 ordering them by ahcccs id, inbound process date, health coverage begin date, and health coverage maintenance type code. Note: If the health coverage begin date is null for a record, then the health coverage end date must be substituted for it in the sort order.

For each selected record –If the health coverage maintenance type code is a Termination (024), and if it is an end date termination (begin date is blank, end date is populated) then that termination must be applied/updated against the most recent open segment for that client in AhcccsEnrollment. If it is a 'block' termination (both begin and end dates are populated) then it must be applied against a previously submitted 'block' enrollment segment. This effectively means that the previous 'block' enrollment segment must be removed/deleted from AhcccsEnrollment. If the health coverage maintenance type code is *not* a Termination (024), then add/insert the enrollment segment into AhcccsEnrollment.

**Remove extraneous open-ended segments:** Remove/delete open ended segments from AhcccsEnrollment where the begin date is within the begin and end date of a closed newer segment.

**Close or Remove extraneous open-ended segments:** Close or delete all open ended segments from AhcccsEnrollment *except the most recent* when the begin date is not within the begin and end date of a closed segment for that client. Close a segment by inferring the end date from the client's next segment's begin date (next segment's begin date – 1 day). Delete a segment if the inferred end date would be prior to/less than the segment's begin date.



## Processing 834 Transactions: BHS Enrollment

**Purpose:** Provide RBHA's with a method and logic for accurately interpreting and processing BHS enrollment segments being received in current 834 transactions. The process will accumulate and synthesize raw 834 data into an efficient dataset of BHS enrollment for each client. Properly interpreted and processed BHS 834 enrollment data will match AHCCCS PMMIS screen (RP 216 except inactive segments) for each client. This document will give pseudo code along with the methodology for processing AHCCCS 834's that ADHS has developed and is currently using.

**Data Location:** BHS enrollment segments are located in Loop 2750 (Reporting Category) of the 834 transaction. The DTP (Reporting Category Date) segments within this loop contain begin/end dates for each BHS category that the client is enrolled in. 834 transactions are initially translated into an 834 transaction data table. Final processed enrollment segments are inserted and held in a permanent internal BhsEnrollment table.

### Processing Steps/Logic:

**Translate/Parse inbound 834 file:** All raw 834 EDI file data is translated into a *single record format for each client (AHCCCS Id)* and placed into an 834 transaction data table. The 834 data table is cumulative. This means that In addition to holding the current file's 834 transactions, it holds all previously received 834 transaction records for each client.

**Get data from the 834 transaction table:** Select all records from the 834 transaction table into TempTable1 where the BHS begin date is not null or the BHS end date is not null. Do this selection for each distinct client that is in the daily 834.

**Refine selected 834 data:** Select *the most recent distinct* ahcccs id, BHS begin date, BHS end date, from TempTable1 into TempTable2. Update each record in TempTable2 with action code, mental health category, mental health provider id, and mental health provider name data from the corresponding TempTable1 record.

**Remove/Clear all records from the BhsEnrollment table for each client in the daily 834:** The records for each client are cleared and later rebuilt and inserted into the BhsEnrollment table.

**Rebuild BHS enrollment records:** Select each record from TempTable2 ordering them by ahcccs id, inbound process date, BHS begin date, and action code. Note: If the BHS begin date is null for a record, then the BHS end date must be substituted for it in the sort order.

For each selected record for the same client – If the action code is a Termination (TM), and if it is an end date termination (begin date is blank, end date is populated) then that termination must be applied/updated against the *most recent prior open segment* for that client in table BhsEnrollment. The most recent prior open segment is defined for this purpose as being the most recent open-ended segment with a begin date  $\leq$  the TM end date that was submitted in a file prior to the current 834 file. An open-ended segment should not be closed with a termination(TM) from the same 834 file. The TM segments in these cases (where there is also an opening segment in the same file) are “Inactivations”.

Inactivations(TM) segments should delete/remove any prior segments for the client where the begin date  $\leq$  the TM end date and either the end date is null or it is  $\leq$  the TM end date.

Inactivation(TM) segments should also serve to truncate (replace the end date) any prior segments for the client where the begin date  $\leq$  TM end date and the end date  $>$  TM end date.

‘Block’ terminations (both begin and end dates are populated) should be applied against a previously submitted ‘block’ enrollment segment. This effectively means that the previous ‘block’ enrollment segment must be removed/deleted from table BhsEnrollment.

If the action code is *not* a Termination (TM), then add/insert the enrollment segment into table BhsEnrollment.

**Remove extraneous duplicative segments:** Remove/delete all segments *except the most recent* from table BhsEnrollment for each client that have duplicative begin and end dates.

**Remove extraneous open-ended segments:** Remove/delete all open ended segments *except the most recent* from table BhsEnrollment for each client.

## State-Only Status File Layout

**File name: h74-834-status-enr834xx.yyyymmdd.01-nnn.txt** – Daily download from ADHS to each T/RBHA for the State-Only clients submitted on the 834 file from the T/RBHA's. The file includes the transactions that are accepted into the system at ADHS every night.

### Notes

1. Character fields have spaces.
2. Files are tilde-delimited (~) between each field.
3. Record length: 123

Record Location From To		Column Name	Type	Size	Comment/Changes
1	10	Client ID	Char	10	
11	11	Filler	Char	1	Value : ~
12	20	AHCCCS ID	Char	9	
21	21	Filler	Char	1	Value : ~
22	23	Current RBHA ID	Char	2	
24	24	Filler	Char	1	Value : ~
25	34	Current Location	Char	10	Value will be 'STATE-ONLY'
35	35	Filler	Char	1	Value : ~
36	60	First Name	Char	25	
61	61	Filler	Char	1	Value : ~
62	96	Last Name	Char	35	
97	97	Filler	Char	1	Value : ~
98	105	Date of Birth	Char	8	YYYYMMDD
106	106	Filler	Char	1	Value : ~
107	107	Gender	Char	1	
108	108	Filler	Char	1	Value : ~
109	109	SMI Flag	Char	1	
110	110	Filler	Char	1	Value : ~
111	111	SED Flag	Char	1	
112	112	Filler	Char	1	Value : ~
113	122	RBHA Client ID	Char	10	
123	123	Filler	Char	1	Value : ~

## Statewide Roster File Layouts

**File name: enrstinc.dayyyyymmdd.nn** – Incremental statewide roster file produced daily out of the CIS system from the 834 files sent by the T/RBHA's and AHCCCS. This will only include processing changes for a given day. The file will be generated Monday through Friday after the nightly T/RBHA enrollment processing cycle is complete and Saturday and Sunday after the Daily AHCCCS 834 cycle is complete.

### Notes

1. Character fields have spaces.
2. Files are tilde-delimited (~) between each field.
3. Record length: 141
4. Sorted by Last Name

Record Location From To		Column Name	Type	Size	Comment/Changes
1	10	Client ID (Primary Client ID)	Char	10	
11	11	Filler	Char	1	Value : ~
12	20	AHCCCS ID	Char	9	
21	21	Filler	Char	1	Value : ~
22	23	Current RBHA ID	Char	2	
24	24	Filler	Char	1	Value : ~
25	34	Current Location	Char	10	Value will be 'AHCCCS' or 'STATE-ONLY'
35	35	Filler	Char	1	Value : ~
36	60	First Name	Char	25	
61	61	Filler	Char	1	Value : ~
62	96	Last Name	Char	35	
97	97	Filler	Char	1	Value : ~
98	105	Date of Birth	Char	8	YYYYMMDD
106	106	Filler	Char	1	Value : ~
107	107	Gender	Char	1	
108	108	Filler	Char	1	Value : ~
109	109	**SMI Flag	Char	1	
110	110	Filler	Char	1	Value : ~
111	111	**SED Flag	Char	1	
112	112	Filler	Char	1	Value : ~
113	122	Secondary Client ID (if applicable)	Char	10	
123	123	Filler	Char	1	Value : ~
124	131	**Behavioral Health Enrollment Begin Date	Char	8	YYYYMMDD
132	132	Filler	Char	1	Value : ~
133	140	Filler	Char	8	
141	141	Filler	Char	1	Value : ~

**Note – Columns marked with \*\* are not available at the present time. ADHS is currently working on eligibility logic. The information will be available when the eligibility logic is complete. No time estimate is available at the present time.**